TRANSFER SERVICE

CITY OF TEXAS CITY WATER DEPARTMENT

IRANSFER FRUIVI:	
ACCT #:	SERVICE ORDER #:
ACCOUNT NAME:	
	SS# (LAST 4):
CURRENT PHONE #:	
TRANSFER TO: (OWNERSHIP/LEA	SE OF NEW PROPERTY AND ID REQUIRED)
ACCT #: !	SERVICE ORDER #:
CID #:	
ADDRESS:	
TRANSFER IN DATE:	
<u> </u>	25.00 AND ALL CHARGES DUE ON DUE AT TIME OF TRANSFER.***
CUSTOMER SIGNATURE:	DATE:
FOR OFFICE USE ONLY: TRANSFER DEPOSIT: YES NO C	CLERK INITIALS: DATE: